



Agency Registered Nurse Supervisor Visit Form

Bureau of Long Term Care

Participant Name			Medicaid #	
Region			Zip Code	
Agency Name			Agency Phone	
Check Current UAI Unmet Needs	Any Changes in Function		Comments	
	Yes	No		
Preparing Meals				
Eating Meals				
Toileting				
Mobility				
Transferring				
Personal Hygiene				
Dressing				
Bathing				
Transportation				
Finances				
Shopping				
Laundry				
Housework				
Wood/Coal Supply				
Night Needs				
Emergency Needs				
Medication				
Supervision (Mental/Behavioral)				

Question	Yes	No	Comments
Was the Plan of Care updated during the visit?			
Does the Plan of Care require a Significant Change?			
Are the current progress notes present with Time in/Time out information, caregiver/participant signatures and dates, do the tasks match UAI/unmet needs, and is appropriate written documentation included?			
Was on the spot training given to the Caregiver/Participant Designee?			
Did the condition of the home/participant reflect adequate performance of care task?			
Was the participant satisfied with the care received?			
List contact(s) made as a result of the visit			

RN Print Name			
RN Signature		Date	